

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in crimmal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 3287	2. Fiscal Year Covered From	
	7 / 1 / 3004 Through 6 / 30 / 2005	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Kenneth D BRO	Name TUPAT - Local Un on 970	
	Labor Organization File Number 031 313	
PO Box, Bldg Room No If any	P O Box, Building and Room Number if any	
Street Rt 1, Box 643-C	Street 115 Spring Street	
City Sod	City Charleston, W V.	
State West Ungin a ZIP Code +4 25564	State Wost V 19.10 a ZIP Code + 4 25302	
5 Position in labor organization Finance at Secretary		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati 6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
PO Box Bidg Room No if any	7 b Amount.	
Street		
City		
State ZIP Code + 4	1	
Sign	eature	
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed Hanneth D Bird	On 6 30 05 304 343 8250 Ext - 16 Date Telephone Number	

Name of Person Filing Kemneth D Bird	F	ile Number U d 28 /
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent or irectly to or otherwise	
8. Name and address of Business (including trade name if any)	9 Business deals with	
Name		_
Trade Name If any	a Labor Organization b Trust	n
P O Box, Bldg Room No If any	c. Employer	
Street		
City		
State ZIP Code + 4		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	1-11-11-11-11-11-11-11-11-11-11-11-11-1
Name	į	
Trade Name if any		
P O Box, Bldg Room No If any		
Street	11 b Approximate dollar value	of such dealing
Caty	12 a Nature of interest held of	or income received
	i I	
State ZiP Code + 4		
State ZIP Code + 4		
State ZiP Code + 4		
State ZIP Code + 4		
State ZIP Code + 4	12 b Amount.	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
C Received from any employer (other than an employer covered unde	r parts A and B above)	
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value	
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